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ABSTRACT

A study is made of the validity of the use of MF scales. It is pointed out that femininity is often a liability in the psychologist's office. Clients who have MF scores considered to be more appropriate for the opposite sex are threatened by them. If the clinician assumes the client has an abnormal score, the ensuing therapy usually will be directed toward changing the client to fit traditional concepts of masculinity and femininity. An alternative approach is for the clinician to face the client's fears and to help the client explore them. It is concluded that MF scales can be used responsibly by therapists who will use them to help individuals explore and accept their own personal mixture of masculinity and femininity. (CK)

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# MF SCALES: INSTRUMENTS OF MALE CHAUVINISM OR RESPONSIBLE TOOLS OF THE PSYCHOLOGIST? [1]

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It seems to me that the usefulness of MF scales is on trial today, because women have begun to ask questions about whether their interests have been protected in the practice of psychology. MF scaling is just one part of this larger question which affects men and women equally.

It may be necessary to establish the fact here that femininity is often a liability in the psychologist's office. The excellent work of the Broverman's (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1970) shows us that words descriptive of women are also considered to be descriptive of neurotics by mental health workers. Much earlier Darley (1937), determined that women clients are considered to be more neurotic by counselors than men.

Clinical use of MF scales

No matter what MF scale is used it is possible for a client to score in the normal range for their sex, at the extreme for their own sex, or like the opposite sex. Any time the client's MF score is not in the normal range for the client's sex, interpretation becomes a projective task both for the psychologist and for the client.

Clients who have MF scores considered to be more appropriate for the opposite sex are, as every clinician knows, threatened by them.

[1] A paper presented as part of a program on MF scales at the 1972 APA convention, Honolulu, Hawaii, Sept. 4, 1972.

If the clinician is threatened too, that is, if the clinician assumes that it is abnormal or bad to have a highly masculine score if one is female or a highly feminine score if one is male, the ensuing therapy will probably be directed toward the goal of changing the client to fit traditional concepts of masculinity and femininity. An alternative approach is for the clinician to face the client's fears and to help the client explore them. The goal in this approach is to help the client appreciate his/her characteristics before deciding to make changes. Too many frightened clients of this type are allowed to assume that MF scales measure sexuality or homosexuality when this is not the case.

If a client's MF score is beyond the normal range in the direction of his/her own sex, the client is usually reassured. After all, psychologists have taught him that sex role identity is very important. Little does the client know that his psychologist will be almost as suspect of too much of a good thing as too little. Too much will be considered indicative of some defensiveness in the sexual area or of overidentification with some model.

Here are some examples of case mishandling based on the use of MF scales. One longhaired young man with a high MF score on the MMPI was assigned to the "back ward" of a state hospital by a psychologist who didn't want to waste his time on "queers." A competent young woman was allowed to equate a highly masculine score on the SVIB with homosexuality which led her into an unrewarding digression from her quest for good heterosexual relationships. Another woman with the same kind of MF score on the SVIB was told that she had an "unusual pattern of interests" which her counselor found it difficult to interpret. In fact, it was so difficult that he neglected to discuss her measured interests in math and

science with her, concentrating on social work and teaching instead. A female graduate student was told that her MMPI MF score was too low for her to compete successfully as a Ph.D. candidate, despite her completion of a year of graduate work with excellent grades.

Psychologists seem to be unable to examine their own assumptions regarding measured masculinity and femininity. I will point out later that a fear of homosexuality seems to be at the base of all MF scaling. I would like to suggest that an overconcern with MF has frightened more people into therapy, since the popularization of Freudian theory, than if all cases of sexual "deviacy" had been treated. I am not saying that they should be treated which is another question, but pointing out that the threat is a larger problem than the problem it is a threat of. I do believe that MF scales could be used well in therapy if they were used to help individuals resolve their conflicts between what they are and what the normative standard for society is. Then clinicians would be dealing with individuals, not males or females. If MF scales are used to label, to evaluate, or to create anxiety their use is repressive; if they are used to foster exploration and self-acceptance their use can be liberating.

Purposes of MF scaling

Perhaps a look at the goals of the developers of MF scales will help to understand what MF scales are supposed to measure.

The Terman-Miles (1936) MF test was probably the first attempt at building a scale to differentiate the sexes. They said, "The purpose of the MF test is to enable a clinician or other investigator to obtain a more exact and meaningful, as well as a more objective, rating of those aspects of personality in which the sexes tend to differ. More specifically, the purpose is to make possible a quantitative estimation of the

amount and direction of a subject's deviation from the mean of his or her sex . . . .

The MF test rests on no assumptions with reference to the causes operative in determining an individual's score . . . ." The next page contains a discussion of the causes of homosexuality.

Rosenzweig (1938) criticized Termon and Miles for being so empirical that they had no working concept of what they were trying to measure. It seems to me that they may not have been able to face what they were trying to measure.

The intent of the MMPI MF scale was clearly to identify homosexual clients in the same way depressed clients were to be identified using a criterion group of homosexual males and feminine males as identified by the Termon Miles' Inversion scale. (Hathaway, 1956).

Gough (1952) stated his reasons for developing a femininity scale quite clearly. "The goal in the present instance has been to develop an instrument which is brief, easy to administer, relatively subtle and unthreatening in content, and which will at the same time differentiate men from women and sexual deviates from normals." I find it quite interesting that he assumed that the differentiation between normal and abnormal was somehow similar to the differentiation between masculine and feminine.

Strong (1943) was interested in whether men and women who had the vocational interests of the opposite sex behave differently from the average for their own sex and whether men and women engaged in the same occupation have the same interests. He did note that there were more similarities than differences between men and women in vocational interests.

The reasons for measuring MF then, according to MF scale developers, were that it was related to either sexual or vocational behavior.

MF relationships with other variables

A number of studies have shown MF to be related to vocational behavior (Berdie, 1943, Clayton, 1970, Korn, 1962, Landers, 1970). Little relationship has been found between MF and physical variables such as, height, weight (Terman & Miles, 1936) somatotype (Slaughter, 1970), motor ability, athletic participation (Keogh, 1959), abundance of hair, hip measurements (Gilkinson, 1937), although the Guilford Zimmerman Temperament Survey manual says, "The scores show a very high discrimination for sex membership . . . . (1949). Neither are achievement (Keimowitz, 1960, Norfleet, 1968), leadership (Johnson & Frandsen, 1962), conformity (Appley & Moeller, 1963), creativity (Helson, 1966), delinquency in girls (Capwell, 1945), or social acceptance (Webb, 1963) highly related to measured MF.

Measured MF does seem to be related to sex of the objects of childhood identification (Steimel, 1960) and to school attendance (Webb, 1963).

I have claimed that most MF scales are attempts to identify homosexuals. In 1940, an attempt to classify prisoners as homosexuals for use in practical decision making regarding housing, degree of custody, and treatment at the Indiana state prison failed. The Terman-Miles MF scale classified both active and passive known homosexuals throughout the distribution of prisoner's scores (Walker, 1941).

Alcoholics are often characterized as latent homosexuals. Parker (1959) found higher femininity for alcoholics than for moderate drinkers using the Terman-Miles but then he realized that measured femininity may not be the same thing as latent homosexuality.

On the other hand, another study which utilized the Terman-Miles I scale and the MMPI MF scale indicated "that the pattern of interests of male alcoholics is neither more like nor more unlike that of normal women and of male overt homosexuals than is the (pattern of) the normal male . . . . Conversely . . . alcoholics cannot be latently more homosexual than non-alcoholics unless latent homosexuality . . . does not effect the development of interests . . . . (Botwinick & Maltover, 1951).

The same hypothesis of latent homosexuality has been applied to gamblers, but gamblers (Harvard undergrads) were found to be more masculine on the CPI Fe scale than non-gamblers. When those who gambled for "thrills" (assumed to be sexual) were separated out, they were more feminine than the other gamblers but less feminine than the non-gamblers (Morris, 1957).

Thus, there is little evidence for the relationship of MF to sexual behavior or much else with the exception of vocational behavior.

What Should We Do about MF Measures?

Physical masculinity and femininity are dichotomous, for the most part, but measuring psychological MF as a continuous variable seems more successful at predicting physical MF than at predicting anything else. Barrows and Zuckerman (1960) studied the construct validity of several MF scales and found them wanting, suggesting factor analysis. The Lunneborgs (1970) factor analyzed several MF scales and found 11 factors, only five of them related to sex. They concluded that psychological MF is multidimensional.

Perhaps one thing to do about MF scales is to acknowledge that they don't measure either masculinity, femininity, or homosexuality.

Terman & Miles said in 1936, "As long as the child is faced by two relatively distinct patterns of personality, each attracting him by its unique features and is yet required by social pressures to accept the one and reject the other, a healthy integration of personality may often be difficult to achieve. Cross parent fixations will continue to foster sexual inversion, the less aggressively inclined males will be driven to absurd compensations to mask their femininity; the more aggressive and independent females will be at a disadvantage in the marriage market: competition between the sexes will be rife in industry, in politics, and in the home as it is today."

They point out that a change might not be for the better but go on to say "It is not our purpose to defend the prevailing ideals with respect to sex temperaments. The irrelevance and absurdity of many of their features are evident enough."

It seems strange that they couldn't see that their approach would only perpetuate the status quo. The MF concept has helped perpetuate sexual stereotyping in occupations, restricted the range of acceptable behaviors available to individuals of both sexes and effected few "cures" of homosexuality.

Are MF scales responsible tools of psychologists? They can be used responsibly by therapists who will use them to help individuals explore and accept their own personal mixture of masculinity and femininity. The existence of MF scales seems irresponsible, however, not because of pernicious male chauvinism, but because a group of scientists has been too threatened by their subject matter to explore their assumptions and the implications for both women and men. It's time psychologists acknowledge MF scaling as a mistake and acknowledge psychological mascu-

linity and femininity as constructs which are more destructive than constructive. Then we can explore the variables which have been lumped together as part of MF, as separate characteristics which are acceptable for all people without reference to sex.

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